



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200005

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOSSELYN-CUMMINGS POST #149 AMERICAN LEGION

DOING BUSINESS A

ADDRESS 104 KING ST.

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: REID, MARY A.

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY BLDG. W/BASEMENT.EXIT REAR OF 1ST FLOOR. SALES/SERVICE IN BASEMENT
& 2 ROOMS ON FIRST FLOOR.MTG. HALL, 2 CLOAKROOMS, 2 REST ROOMS, 1ST FLOOR. 4
ROOMS IN BASEMENT, 1 LOCKED FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200013

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: IMPERIAL GARDEN, INC.

DOING BUSINESS AS IMPERIAL GARDEN RESTAURANT

ADDRESS 811 WASHINGTON ST.

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: CHAN, DAVID W. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS CONSISTING OF FOYER, DINING ROOM, COCKTAIL LOUNGE, KITCHEN,
ROOM FOR STORAGE; FUNCTION ROOM IN BASEMENT

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3. the premises are now open for business (If not explain below)

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200015

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE SQUIRES OF HANOVER, INC.

DOING BUSINESS AS THE SQUIRES

ADDRESS 1202 WASHINGTON ST.

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: SQUIRES, PAUL F. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. DINING ROOM WITH BAR AND KITCHEN ON STREET FLOOR;
FUNCTION ROOM, BASEMENT FOR STORAGE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200017

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BBRG OPERATING, INC

DOING BUSINESS AS JOE'S AMERICAN BAR & GRILL AND PAPARAZZI

ADDRESS 2087 WASHINGTON ST.

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: FAIRBAIRN,
RUSSELL A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 LEVEL BARN STYLE RESTAURANT. 1ST FLR DINING AREAS AND KITCHEN; 2ND FLR;
DINING/COCKTAIL AREA. 1ST FLR; BAR, LOUNGE AND DINING AREAS WITH MEZZANINE
DINING ABOVE. SEASONAL PATIO DINING. BASEMENT STORAGE. PORCH AREAS OFF
REAR AND OUTDOOR PATIO IN FRONT OF RESTAURANT

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200021

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: T D BEVERAGE, INC.

DOING BUSINESS AS

ADDRESS 228 COLUMBIA RD

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: WARREN, JOHN H. TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY CEMENT BLOCK BLDG, APPROX 1516 SQ FT OF SALES AND STORAGE.
STORAGE DIRECTLY BEHIND SALES.

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200022

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAHI CORPORATION

DOING BUSINESS A HOME SPIRITS

ADDRESS 227 COLUMBIA RD

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: PATEL, VIPUL

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG, SHINGLED WOOD, CEMENT FOUNDATION, FULL BASEMENT. 1ST FLR;
STOCKROOM, WALK IN FREEZER, OFFICE AND BATHROOM. FLOOR SPACE FOR SALES.
2ND FLR; APARTMENT, 4 ROOMS

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200024

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MYCOST, INC.

DOING BUSINESS AS MYETTE'S COUNTRY STORE

ADDRESS 1143 BROADWAY

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: MYETTE, TRACY A.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR AND CELLAR. STORE ON FIRST FLOOR WITH STORAGE ROOM AND WALK IN REFRIGERATOR CHEST. CELLAR FOR STORAGE

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EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200026

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AR PACKAGE, INC.

DOING BUSINESS AS HANOVER LIQUORS

ADDRESS 15 PLEASANT STREET

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: REGO, ANTONIO TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
B.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CEMENT BLOCK BLDG; ONE MAIN SHOWROOM, ONE STORAGE ROOM. 2
DOORS ON PLEASANT ST SIDE

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200027

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ASSINIPPI LIQUORS INC

DOING BUSINESS AS

ADDRESS 2103 WASHINGTON ST

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: breagy, richard j.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 1/2 STORY WOOD FRAME BLDG AND CELLAR. 1ST FLR; ONE ROOM STORE AREA,
CELLAR FOR STORAGE; 2ND AND 3RD FLR LIVING QUARTERS

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200030

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UNO RESTAURANTS, LLC

DOING BUSINESS AS UNO CHICAGO GRILL

ADDRESS 1799 WASHINGTON ST

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: SCOTT, ARNOLD TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200032

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: S. & J. HANOVER, INC.

DOING BUSINESS AS MAMMA MIA OF HANOVER

ADDRESS 333 COLUMBIA ROAD

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: VISCARIELLO,
ANTONIO

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 FLOOR, GROUND LEVEL, SEPARATED INTO THREE ROOMS; DINING (APPROX. 6 TABLES) 25'X20'; 2.) FOOD PREP & LIQUOR STORAGE AREA (25'X16'); 3.) FOOD PREP & LIQUOR STORAGE AREA 25'X16'. ONE CUSTOMER ENTRANCE/EXIT TO FRONT DINING ROOM. ONE EMPLOYEE/EMERGENCY EXIT IN REAR OF ROOM #3.

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TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200033

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WONG ENTERPRISES, INC.

DOING BUSINESS AS SIAM CUISINE

ADDRESS 370 COLUMBIA ROAD

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: UDOMPRUK,
PITTAYA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. APPROX. 4100 SQ. FT. WITH FRONT AND REAR ENTRANCES.
MAXIMUM OF 99 SEATS.

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200034

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HSK CORPORATION

DOING BUSINESS AS TWIN'S CONVENIENCE STORE

ADDRESS 124 ROCKLAND STREET

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: LEE, HUNHA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STORE ON ONE FLOOR IN SINGLE STORY BLDG., PARTITIONED LOCKED STORAGE AREA
IN REAR; 2 ENTRANCE/EXIT DOORS FRONT, 1 REAR EXIT DOOR.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200036

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEMAGIA, INC.

DOING BUSINESS AS PACINI'S

ADDRESS 2053 WASHINGTON ST

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: PETRAKIS,
ANTONIS

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

KITCHEN AREA, COUNTER AND DISPLAY AREA. DINING AREA ON FIRST FLOOR. 10
TABLES WITH CAPACITY OF 26. TWO ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200039

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: The Farmers Spirits, Inc

DOING BUSINESS AS ROSIES LIQUOR AND CIGARS

ADDRESS 849 WASHINGTON ST

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: Carldarola, Robert

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 2000 SQ FT FOR SALES AND STORAGE, INCLUDING 3 STORAGE ROOMS AND
8X38 FREEZER, COMPRISING ALL GROUND (TOP) FLOOR OF CEMENT BLOCK BLDG.
ENTRANCE AND EXIT FROM PARKING AREA IN FRONT

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200040

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JNH LLC

DOING BUSINESS AS LINDY'S GENERAL STORE

ADDRESS 971 WEBSTER ST

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: HEATH, JEFFREY N.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG WITH BASEMENT; ONE FRONT ENTRANCE AND EXIT, ONE REAR ENTRANCE AND EXIT. RETAIL AREA, WALK IN COOLER, ONE RESTROOM, REAR STORAGE AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200041

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VASILIKI PERDIKOURIS

DOING BUSINESS A HANOVER HOUSE OF PIZZA

ADDRESS 272 COLUMBIA ROAD

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: PERDIKOURIS,
VASILIKI

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR DINING ROOM AND KITCHEN. SECOND FLOOR CONSISTS OF STORAGE
CLOSET FOR LIQUOR. EXTENSION OF PREMISE TO INCLUDE A LONG STORAGE COOLER
LOCATED ON THE SOUTHWEST CORNER OF THE BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200042

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OUTBACK STEAKHOUSE OF FLORIDA,LLC

DOING BUSINESS AS OUTBACK STEAKHOUSE

ADDRESS 1775 WASHINGTON STREET

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: COAKLEY, BRIAN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200043

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JANET I EATON

DOING BUSINESS A GRAMPY'S GENERAL STORE AND COFFEE SHOP

ADDRESS 148 KING STREET

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: EATON, JANET I

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY WOOD FRAME STRUCTURE 4321 SQFT 1ST FLOOR COFFEE SHOP, CONVIENCE
STORE, DELI, AND ICE CREAM PARLOR. 2 ENTRANCE/ EXITS IN FRONT AND 1 EMERGENCY
EXIT IN REAR. BASEMENT FOR STORAGE. 2ND FLOOR APARTMENTS, 5 ROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200048

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TSANG'S VILLAGE, INC.

DOING BUSINESS AS TSANG'S VILLAGE CAFÉ

ADDRESS 644 WASHINGTON STREET

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: CHEN, KENNETH Y. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR BLDG., MAIN ENTRANCE, BAR, DINING ROOM AND KITCHEN EXIT AND
THREE EXITS BESIDE BAR TO THE PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200049

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FIRST BOSTON TENPIN, INC

DOING BUSINESS AS BOSTON BOWL

ADDRESS 58 ROCKLAND STREET

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: STRAZZULA
PHILIP A. III

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

24 LANE BOWLING CENTER W/ RESTAURANT. ALL STORAGE TO BE SECURE. SERVING
WILL BE AT RESTAURANT CENTER AND CONSUMERS AT SEATS AND BOWLING ALLEY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200050

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: QUAN'S KITCHEN OF HANOVER

DOING BUSINESS AS QUAN'S KITCHEN

ADDRESS 871 WASHINGTON STREET

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: QUAN, ERIC Y. G. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE BUILDING: FIRST FLOOR 13,000 SQ. FT, 2ND FL 2,000 SQ FT AND BASMENT. TWO ENTRANCES/EXITS IN FRONT ONE ION THE SIDE, AND TWO IN THE BACK OF THE BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200051

CITY OR TOWN HANOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROCCO'S ON BROADWAY, INC

DOING BUSINESS AS ROCCO'S ITALIAN PIZZERIA

ADDRESS 1143 BROADWAY

CITY/TOWN: HANOVER

STATE: MA

ZIP CODE: 02339

MANAGER: AMATO, VINCENT TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

14 SEAT DINING AREA, RESTROOM, SALAD BAR, PREP AREA, PIZZA OVEN AND
SHELVING FOR STORAGE. SIX PILOT STOVE WITH OVEN AND GRILL. ENTRANCE AND
EXIT LOCATED IN FRONT OF BLDG AND IN BACK

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:
